

Maine Board of Underground Storage Tank Installers
Department of Environmental Protection
17 State House Station
Augusta, Maine 04333
Staff: James Hynson & Theresa Scott, Tel: 207-287-2651

Application for Approval of Continuing Education

1. Date of Application: _____
2. Applicant is: _____ Sponsor of training program proposed.
_____ Certified underground storage tank installer/inspector
requesting approval his/her attendance.
_____ Professional organization seeking approval for all
programs.
3. Contact person for proposed training:

Name/Business: _____
Address: _____
State: _____ Zip Code: _____ Telephone: _____
4. Title of training: _____
5. Date(s) of training: _____
6. Location(s): _____
7. Cost of training: _____
8. Length of training: _____
9. Number of continuing education credits you are requesting: _____
10. For sponsors of individual programs: This program ____ can or cannot __be
presented to the Board of Underground Storage Tank Installers free of charge for
further evaluation.
11. Will certificates or other documentation be provided for successful completion?
____ Yes ____ No

Note: *In order for your request for continuing education accreditation to be considered, a detailed agenda, outline or brochure of the session as well as qualifications of the instructor(s)(resume) **must** be included with your application.*

12. Signature: _____
Title: _____
Date: _____

Please return to the address on the top of the form. If you have any questions, please call Staff at 207-287-2651.